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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41420

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4813

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1820 Grove
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: DAVID STARNES
3. (b) If veteran, name war: David Starnes
3. (c) Social Security No.: —

4. Sex: Male
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 3 (Month) — 1 (Day) 1883 (Year)

8. AGE: Years 57 | Months 9 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Wichita Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Plaster
11. Industry or business:
MOTHER FATHER
12. Name: Wellington Starnes
13. Birthplace: Tenn (City, town, or country) (State or foreign country)
14. Maiden name: Lucy Starnes
15. Birthplace: Ala (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs Dora Browse
(b) Address: 1037 Ohio, Wichita Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge Lawn
18. (a) Signature of funeral director: Harl B. Moore
(b) Address: 1820 E. 18th St.
19. (a) 12-18-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12-12-40 year ____ hour ____ minute 10:45 P. M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw the deceased alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Cerebral Edema
Due to: Chr Nephritis & Arteriosclerosis
Due to: 15 yrs
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Of autopsy:

Duration

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Russell Wilson (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

J H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed J H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.